

**APPLICANT**

Date \_\_\_\_\_

**Zoning Section  
Los Angeles County Board of Supervisors  
Room 383, Kenneth Hahn  
Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012**

**PROJECT  
NO/CUP NO.:**

**APPLICANT:**

**LOCATION:**

**Zoned  
District**

**Related zoning matters:**

**CUP(s) or VARIANCE No.**

**Change of Zone Case No.**

**Other**

**This is an appeal on the decision of the Regional Planning Commission in the subject case. This form is to be presented with a check or money order, payable to the Board of Supervisors, along with personal identification, prior to the appeal deadline at 5:00 p.m. at the above address. (Appeal fees subject to change) Contact the Zoning section of the Board of Supervisors for more information: (213) 974-1426.**

**This is to appeal: (Check one)**

\_\_\_\_\_ **The Denial of this request \$7,425\* OR**  
\_\_\_\_\_ **2 or less conditions of the Project to be listed below: \$866.00\***

--	--

**\*For Subdivisions \$260.00 of this amount is to cover the cost of the hearing by the Board of Supervisors**

**Briefly, explain the reason for this appeal is as follows (attach additional information if necessary):**

---

---

---

---

---

---

---

---

---

**x**  
**(Signed)                      Appellant**

**Print Name**

**Street Address**

**City/Zip**

**Day Time Telephone Number**

**Email Address**